

Rough Draft  
Oct. 5, 1966

A STUDY OF FOSTER BOARDING CARE FOR  
MENTALLY RETARDED CHILDREN IN HENNEPIN COUNTY

Introduction

This study was undertaken by the Minneapolis Association for Retarded Children for the following reasons:

1. To gather and complete data concerning the foster boarding home program, foster parents and the children residing in these facilities.
2. To determine problem areas in the foster boarding home program encountered by persons and agencies involved at levels both administrative and operational.
3. To utilize these data and this report as a resource for the various agencies at the state and county levels to develop a more comprehensive operational plan encompassing the recruitment, licensing, supervision and utilization of the foster home program as an integral part of the continuum of services available to mentally retarded children in the community.

This study was conducted by the Minneapolis Association for Retarded Children in cooperation with the Hennepin County Welfare Department. It was supported, in part, by a grant from the Research Committee of the Minnesota Association for Retarded Children.

Foster Care and Foster Boarding Home Defined

"Foster Care" is a generic term encompassing several types of facilities specifically providing services for children. It is required by statute in Minnesota that all foster care facilities be licensed, reviewed annually, and to conform to standards and requirements established by the Commissioner of Public Welfare. Minnesota Statutes, Section 257.081, Subdivision 4 defines and provides the

legal basis for foster care, defining a foster care facility as follows:

"A facility 'for foster care' means any facility which for gain or otherwise regularly provides one or more children, when unaccompanied by their parents, with a substitute for the care, food, lodging, training, education, supervision or treatment they need but which for any reason cannot be furnished by their parents in their homes. This includes but is not limited to the following: an institution, detention home, boarding home, free home, work home, children's home, day care home, day nursery, nursery school, or school for handicapped children."

The foster boarding home program is but one aspect of foster care. A foster boarding home is defined by Minnesota Department of Public Welfare (Public Welfare Manual, VII-3323.01, Revised 1960) as follows:

"A boarding home is any private home in which care and training are given for a period of 30 days or longer to a child (or children) under the age of 16 years, unattended by his parents or guardian, and not related to the boarding parents by blood or marriage."

The manual presents the following features which, in general, describe a boarding home: (VII-3323.01)

1. "There are two parents in the home."
2. There are no more than five children, including the natural children of the boarding parents, in the home.
3. The boarding parents are paid an established rate by the supervising agency.
4. The home is under the supervision of an authorized child-placing agency.
5. Children are accepted for placement through the supervising agency or, if through another agency, with the permission of the supervising agency."

It is to be noted that items 1 and 2 are not distinguishing features of the foster boarding homes for the mentally retarded included in this study.

## Licensing of Foster Boarding Homes

Licensing of foster boarding homes is the responsibility of the Protection and Planning Section, Division of Child Welfare of the Minnesota Department of Public Welfare. This section issues licenses to foster boarding homes upon the recommendation of authorized public or private agencies. These agencies are responsible for screening prospective boarding homes and providing supervision to those licensed. These agencies are also responsible for providing casework services to all children placed in foster boarding homes under their supervision. The supervising agency for all foster homes included in this study was the Hennepin County Welfare Department.

Licenses for foster boarding homes are issued by the Minnesota Department of Public Welfare in compliance with the standards set forth in Child Welfare Rule No. 1, Standards for the Licensing of Foster Boarding Homes for Children dated December, 1956. The intent of these standards is to "guide agencies in choosing foster boarding homes and to set goals for both foster parents and agencies in their work together." (Child Welfare Rule No. 1, Minnesota Department of Public Welfare). Child Welfare Rule No. 1 further states that "it is not expected that each licensed home will be equally strong in every respect, but no child may be placed in a home where his mental, physical, emotional, and spiritual well-being is in jeopardy." The basic goal of standards governing foster boarding homes is to protect the children placed in these homes and to assure them the opportunity for growth and development to the full extent of their potential.

Licensing of foster boarding homes for mentally retarded children is under the same jurisdiction and in compliance with the same standards as foster homes for "normal" children with two notable exceptions:

1. The way in which "children" is defined:  
"Children" means one or more persons under the age of 16, or persons over the age of 16 years of age, but under 21, if for the reasons of mental retardation they still require the protection needed by persons under 16 years of age."  
(Child Welfare Rule No. 1, Minnesota Department of Public Welfare.)
2. The number of children for which any individual foster boarding home is licensed to serve:  
The maximum number of children to be cared for in any one foster boarding home is five, including the foster family's children. However, exceptions to this rule will be made upon recommendation of the supervising agency. This exception is made most frequently in foster boarding homes for the mentally retarded.

### Selection and Supervision of Foster Boarding Homes for the Mentally Retarded in Hennepin County

The recruitment, selection and supervision of foster boarding homes for the mentally retarded is the responsibility of the Foster Home Unit within the Child Services Division of the Hennepin County Department of Public Welfare. This unit defines foster boarding care as follows: "Foster family care is a service to provide care in a substitute family setting for a child who for any reason must be cared for outside of his own home. In the care of mentally retarded children this is a specialized service rendered by people whose special training, background, or interest qualify them upon the recommendation of the licensing authority to give a home from 1 to 10 retarded children."

The Foster Home Unit in making a home study of a prospective foster home is guided by Child Welfare Rule No. 1 (Standards for the Licensing of Foster Boarding Homes for Children) of the Minnesota Department of Public Welfare. These standards state: (Section III)

"In order to protect children in boarding care and assure them the maximum opportunities for growth and development, the supervising agency will evaluate each family and home in which children are to be cared for according to the following essential requirements:

1. "The family must be motivated by love of children and by desire to give such love to a child not their own.

2. The foster parents must maintain a stable and harmonious home life.
3. The foster parents must be able to understand and meet a child's need for affectional ties, and satisfying family relationships. They must be able to offer an accepting and understanding attitude toward the child's problems and behavior, and to provide an environment conducive to healthful readjustment and growth.
4. The foster parents must be people who can give positive guidance, care and training to a child according to his stage of growth, special abilities and limitations. They must be able to accept and work with behavior that may to a symptom of damaging life experience.
5. The child shall be treated as a member of the foster family during the period of his care, with respect for his individuality. The foster parents shall encourage his sharing the privileges and responsibilities of the household according to his age and capacity.
6. Foster parents must be able to accept and deal sympathetically with a child's emotional ties to his family. They must be able to understand that his own family may have meaning for him, even though he is separated from them.
7. The child's religious heritage must be respected and protected. The foster family's own religious convictions and moral standards must be such as to inspire the child to develop a capacity for spiritual well-being, respect for himself and for others."

These criteria are essentially of a subjective nature and are difficult to evaluate. The findings of this study indicate that some of these criteria (particularly 1 and 3) are not operationally relevant in the selection of foster boarding homes for the mentally retarded. The subjectivity of the criteria for selecting foster boarding homes combined with the difficulty encountered in recruiting these facilities for retarded children raises a question as to whether the most effective and best qualified persons are being selected and retained as foster boarding parents for retarded children.

The Foster Home Unit is also responsible for the enforcement of the standards outlined in Child Welfare Rule No. 1, Section IV. The standards are as follows:

## Physical, Health and Safety Standards

- A. "Provision must be made for the wholesome play and rest children need to grow and develop.
- B. The foster boarding home must meet the requirements of the appropriate health and fire prevention officials with respect to sanitation, sewage disposal, water supply, protection against fire, and other hazards to children's health and safety. Homes shall be subjected to inspection of the premises by health and fire prevention authorities. Where local regulations are nonexistent or do not provide for inspection, the regulation of the State Department of Health and State Fire Marshal shall prevail.
- C. A foster family applying for a license shall submit a statement from a physician certifying that a recent examination showed freedom from infectious conditions or from disabilities which would place children in jeopardy. The examination shall include a Mantoux test, and if this is positive, a chest X-Ray given not longer than six months before the date of application for license. The statement may not be necessary for children who are members of the foster family if current school reports indicate good health. Annual reexamination may be required at the discretion of the licensing agency.
- D. The foster boarding home shall be one that is conducive to the maximum possible health and safety of the child. The boarding home must be accessible to medical and educational facilities as well as to the supervising social agency.
- E. Income of the foster family from private employment or other resources must be reasonably steady and sufficient to maintain an adequate standard of living so far as essential needs are concerned without the income derived from the care of children.
- F. A licensed children's foster boarding home shall not be permitted to have adult boarders or roomers when their presence may adversely affect the well-being of children."

## Nutrition Standards

- A. "Food must be provided the child in such quantities and variety so as to satisfy not only his appetite but also provide for essential nutritional and dietary needs.
- B. All formulas for infants under one year of age shall be prescribed by a physician."

Several of these "standards" are so general in nature that objective enforcement is difficult. The data gathered in this study indicates that standard "E" is not enforced in the foster boarding homes for the mentally retarded. These standards are not adequately definitive, specific, or extensive. They are not operationally

relevant to the present foster boarding home program for mentally retarded children or are they of such a nature that they are <sup>not</sup> conducive to the development of a more structured and improved program.

#### Payment of Fees for Foster Boarding Care

The Hennepin County Welfare Department establishes the fee to be paid for each child placed in a foster boarding home. The fees for foster boarding homes serving mentally retarded children are established by caseworkers from the Mental Retardation and Epileptic Section and guided by a fee schedule established by the Foster Home Unit. Fees for care of retarded children in foster boarding homes and the resulting fee schedule were initially determined by the difficulties the child would present to a foster parent. The Hennepin County Welfare Department reports that during the past three or four years there has been a move away from this method of determination toward a more universal payment of \$150 per month for each mentally retarded child in a foster home. However, great differences exist in the fees for foster care paid to the various foster parents included in this study. An analysis of the data gathered in this study did not indicate any apparent relationship between amount paid for foster care and the type of child being cared for, the type of home the child is placed in or the quality of care the child is receiving. In addition to the sum paid for care of the child, allowances for clothing and personal expenses for the child are provided. Medical and dental costs paid are in addition to the fee for foster boarding care. Basically, foster parents are paid a fee for providing board, room and care for the children.

The payment of fees for foster boarding care is the responsibility of the county welfare department and the parents of the child placed into a foster boarding home. The state of Minnesota con-

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tributes nothing toward the maintenance of mentally retarded children placed into foster boarding homes. The parents are liable for up to the entire cost of maintaining the child in a foster boarding home. However, actual payment of the fee is determined on an ability to pay basis by the county welfare department. Most of the children in the foster homes included in this study were supported all or in part by the Hennepin County Welfare Department.

### Casework Services

Casework services are provided to the foster boarding parents and the children in residence in the foster boarding homes included in this study by the Hennepin County Welfare Department.

The Foster Home Unit has the responsibility of providing casework services for the foster boarding parents and for selective placement of children into foster boarding homes. Casework and planning for the children residing in these foster boarding homes is the responsibility of the Mentally Retarded and Epileptic Section. In this study it was found that the frequency of visits by case workers responsible for the foster parents or children varied a great deal, as did the various caseworkers' concepts and definitions of planning and prognosis for the foster children. Case work services are also implemented through group meetings with the foster parents. Another aspect of casework services is annual evaluation of the foster homes. This evaluation is the responsibility of the Foster Home Unit of the Hennepin County Welfare Department. Annual evaluation is required by the Minnesota Department of Public Welfare as a prerequisite to the renewal of a foster home license.

### Philosophy Regarding the Utilization of Foster Boarding Homes for Mentally Retarded Children

When defining philosophy as "a theory underlying or regarding a sphere of activity or thought", it is unrealistic to discuss



"a philosophy" regarding the utilization of foster homes for mentally retarded children. Each of the agencies concerned with this program as well as the foster parents themselves expressed somewhat different philosophies regarding various aspects of the utilization of these facilities, the roles and responsibilities of the foster parents, and the determining factors as to the placement, maintenance and prognosis of retarded children. With the exception of the philosophies expressed by the foster parents, the major areas of differentiation concern the adaptation and modification of the foster home concept and the accompanying bureaucratic rules, regulations and policies to fit the peculiar needs of a group of children for which they were not initially designed.

In discussing the philosophy regarding foster boarding home care for mentally retarded children with persons concerned in the Minnesota Department of Public Welfare, it is the investigator's opinion that a basic concept is expressed in the Public Welfare Manual (VII-3321):

"Foster family care is a service to provide care in a substitute family setting for a child who for any reason must be cared for outside his own home. Work with such a child should always be initiated in his own home when possible. Every effort must be made to keep the family together when there is sufficient strength within it to enable its members to carry on with case work help and support. Even though limits need to be placed on the length of time an agency will work with the family toward this end, the opportunity must be given to improve the relationship, the emotional climate of the home, and the quality of care given the child. It is imperative that every effort should be exerted to preserve the parent-child relationship when this represents the child's best interest."

The basic tenet expressed here is the maintenance of the basic family unit. The manual further states (VII-3324-05):

"The boarding home program is one of the resources for children who need to be placed away from their own homes. Its purpose is to make available an adequate number of homes that can be used for giving family care to children on a short-time basis. Boarding care ideally should be used only for temporary care to accomplish specific purposes such as:

1. Bring about changes in a child and his family through intensive case work when the parent-child relationship has been unsatisfactory.

2. Meeting of family emergencies, such as death, illness, incarceration, or desertion, which may make placement necessary until more permanent plans can be made.

3. Preparing a child for adoption."

The basic concept here is that placement into a boarding home is of a temporary nature. The placement of retarded children in Hennepin County has not generally been to accomplish 1 or 3 above. It has functioned to accomplish number 2 and the more permanent plans for these children being placement into state institutions for the mentally retarded. The Minnesota Department of Public Welfare does not specify the types of retarded children who could best benefit from placement in foster boarding homes, nor has it expressed concern with the desirability or feasibility of permanent placement of retarded children into foster boarding homes. However, the manual does state (VII-3324.05) that: "For some children the opportunity for adoption or for return to their own homes may never become a reality. Only for such children is it reasonable to plan for long-term boarding care."

*need for more  
tailored  
standards*

The Foster Home Unit of the Hennepin County Welfare Department expresses their philosophy regarding utilization of foster boarding homes for mentally retarded children as follows:

"In perspective, foster care for retarded children should be a part of a continuum of services available to retarded children and their parents ranging from counseling to day care and activity centers, foster care, private residential facilities and state institutions for the retarded.

Ideally, foster care should encompass those children for whom community educational facilities are available and who could expect to grow up in the community without the need for institutional care at any point in their lives. This would include then the child who is not potentially ambulatory, not trainable, or whose associated physical handicaps are so severe as to require regular medical supervision.

We believe foster care can relieve natural parents of a situation with which they cannot cope for a variety of reasons and for either a temporary or long-term period of time. We would like to see all foster families used selectively based on the needs of the child and where they can best be met."

The data gathered in this study and presented in the section entitled "Report of the Survey of Foster Boarding Homes" indicates this philosophy is not reflected in the present operation of the foster boarding home program for mentally retarded children in Hennepin County. The present mode of operation has developed from necessity rather than the existence and adherence to a conflicting philosophy. In the past, foster boarding home placement for retarded children was of a truly temporary nature and not of the present indeterminate nature. The foster boarding homes then functioned as "way-stations" to the state institutions. There was movement of children from their parental homes to foster boarding homes to state institutions. The cost of care was a major governing factor in placing children in a state institution. These placements were not really related to individual needs, abilities, or potentials of the children. In recent years it has become progressively more difficult to place children in state institutions and at the present time an emergency waiting list exists. This curtailment of the "flow" has resulted in the development of a major problem regarding the foster boarding home program in Hennepin County. //

Out of necessity, the licensed capacities of existing foster boarding homes was increased. Homes that are less than desirable were licensed and utilized. Indeterminate placement in these homes has resulted in a vague, indefinite prognosis as to the future of these children. The lack of any other community facilities, complicated by the curtailment of the "flow", has resulted in non-selective placement of retarded children in foster boarding homes. Many children are placed in these homes who, due to physical handicaps or severe retardation, are neither benefiting from the social and developmental potentials of foster boarding care, nor are they receiving the type and quality of care which their handicapping conditions require. //

In general, the philosophies expressed by the foster parents included in this study and the way in which they define their role in relationship to their foster children were quite diverse and varied. On the basis of data gathered in this study, the two following subjective categories or types of homes were identified:

1. Business enterprise

Twenty-two (61%) of the foster homes in this study would be included in this category. The foster parents have defined their social role as that of providing a service for which they are paid. In a very real sense many think of themselves as employees of the Hennepin County Welfare Department. These foster parents feel that they are operating a business and as business people are very concerned about their income and that their facility is operating at maximum licensed capacity. As business people, many of them are justifiably proud of the service they provide and the success they have had with the children placed in their facility.

The dominant characteristic of the role definition of these foster parents and the resultant type of interactions with the children can be described as a "practitioner-client" relationship. Many of the foster parent-child interactions are of a somewhat secondary or impersonal nature. The social environment of these homes is not akin to a "family milieu".

In line with this concept, several of these foster homes have "specialized". They have established admissions criteria and also criteria such as age, size, and social and emotional development which determine the length of time the child will stay in the home. Examples of these

special homes are those which take only "crib cases" (a very subjective definition); those which take only children who can benefit from the "educational program" offered; those which take only babies or very young children who are "not too big to handle"; and those which take only older children and young adults who are either in sheltered or competitive work or are in school.

2. Surrogate Parent Home *90% of all*

Fourteen (39%) of the homes included in this study were classified as being of this type. The homes in this category are characterized by the warm relationship established between the foster parents and the children. The foster children's interaction with the foster parents and other persons in the home is of a primary nature and of the type that characterize parent-child or grandparent-child relationships in our society. The foster children in these homes are "part of the family". The foster parents are concerned with their foster children's future and their own inability to control and shape it. The fees received for the care of the children in these homes in many cases are important, but are not a dominating factor in taking or retaining a child in the home.

Report of the Survey of Foster Boarding Homes

Method

A total of 36 foster boarding homes in Hennepin County which were serving 175 mentally retarded children were included in this study. There are additional foster boarding homes throughout the county in which retarded children are placed. However, these homes are not serving only mentally retarded

children and are not considered by the Hennepin County Welfare Department as being 'foster homes for the retarded.' Selection of the homes to be included in the study was done by the project director in cooperation with the Foster Home Unit of the Hennepin County Welfare Department. The only criteria utilized for inclusion in the study was that the homes be licensed and that they serve only mentally retarded children.

The data in this study was gathered through interviewing the foster mother in each of the 36 foster boarding homes. The interviews were conducted by the project director and a social worker, both of whom are on the staff of the Minneapolis Association for Retarded Children. An interview schedule was developed by the project director with assistance from individuals at the Hennepin County Welfare Department, the Minnesota Department of Public Welfare, and the Minnesota Association for Retarded Children. The interview schedule was composed of two parts. One part dealt with data concerning the foster parents, the home, and problems encountered by the foster parents. The second part was concerned with gathering data about the children residing in these homes.

Interviewing of the foster mothers began July 20, 1966, and was completed August 25, 1966. Approximately two-thirds of the interviews were conducted by the MARC Social Worker and one-third by the project director. The interviews averaged about one and one-half hours in length. All the foster mothers were very cooperative in providing information the interviewers requested and expressed their opinions very freely.

## Characteristics of the Foster Boarding Parents

### Marital Status

Of the 36 foster mothers interviewed, only 22 (61%) were married and living with their husbands. Five (14%) foster mothers were widowed, nearly one-fifth (21%) were divorced or separated, and two were unmarried.

### Ages of Foster Parents

The ages of the foster parents are shown in Table I below.

		<u>Table I</u>					
		<u>Under 40</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-58</u>	<u>60 &amp; over</u>
Foster Mothers (36)		6	7	2	8	3	10
Foster Fathers (22)		2	6	2	4	2	6

The ages of the foster mothers ranged from 35 to 75. 17% of the foster mothers were under 40 years of age, and 28% were 60 years of age or over. The average age of the foster mothers was 51.

The ages of the foster fathers ranged from 38 to 84. 9% were under 40, and 27% were over 60. The average age of the foster fathers was 53.

### Education

One foster mother was a college graduate, and six had some college or specialized training. Only eight (22%) of the foster mothers were high school graduates. Thirteen (36%) had attended high school, and eight (22%) had less than nine years of education. It is interesting to note that four of the foster mothers were registered nurses and one was a licensed practical nurse. Ten (45%) of the foster fathers were high school graduates, two had some college training, and none were college graduates. Four had attended high school but did not graduate, and six (27%) had less than nine years of education.

Thirty-four of the foster mothers had children of their own (two of the foster mothers were unmarried). The sizes of their families ranged from one to eight children. The average size of their families was 3.2 children. Fifty-six percent of the foster mothers had children of their own living at home in addition to their foster children.

The number of foster children living in each of the foster homes varied greatly. Sixteen (44%) of the foster homes were housing a total of 128 children (73% of the children included in the study). These foster mothers each had five or more foster children. The average foster mother in this group was caring for eight foster children. In the remaining 20 foster homes there was a total of 47 foster children. Each of these foster mothers was caring for an average of 2.3 foster children.

Table II below shows the number of years that the persons in the study had been foster parents.

Table II

No. of foster parents	<u>Length of time have been foster parents</u>				
	<u>Less than 1 yr.</u>	<u>1-5 yrs.</u>	<u>6-10 yrs.</u>	<u>11-15yrs</u>	<u>Over 15 yrs</u>
	4	11	12	7	2

Only four (11%) of the foster parents had been taking foster children for less than one year. 31% had been taking foster children for one to five years, and 58% had been taking foster children for more than five years. One couple had been foster parents for 28 years. Most of these people had been taking retarded children for all or the greater part of their "careers".

The foster parents were asked, "What interested you in becoming foster parents?" The answers to this question were grouped into three broad categories which have been labeled



as "empathy", "simple drift" and "economic drift". The empathy category included those who had retarded children of their own, had a close relative who was retarded, or had a relative or friend who had a retarded child. Twenty-five percent of the responses were in this category.

The simple drift category contains those parents who initially became foster parents of normal children and were either encouraged by the caseworkers to take retarded children or were attracted by the higher fees paid for these children. In these ways they gradually built up a concentration of retarded children and became "homes for the retarded". Twenty-five percent of the homes were in this category.

The final category is economic drift. The foster parents in this category were those who placed primary emphasis on the economic incentive connected with becoming foster parents for retarded children. Included in this category were those who "felt it was easier than hospital work", wanted to earn money and stay home, those who "bought the business" from another foster parent, and those who feel that their age and training has disqualified them from any other type of work. Fifty percent of the foster parents were in this category.

The foster mothers were asked, "What type of children do you prefer to take in"? Fifty-three percent of the foster mothers responded that they preferred children under five years of age, 28% preferred to take children between 5 and 10 years old, and 14% preferred children from 10 to 15 years of age. Six percent of the foster mothers expressed no preference in terms of the age of the children they preferred to take as foster children. Thirty-one percent of the foster mothers expressed a preference for foster children with physical handicaps, 28% preferred children without physical handicaps

and 42% expressed no preference. Eighteen percent of the foster mothers stated they would prefer to take educable children, 6% preferred to take trainable children and 6% would prefer to take children of borderline intelligence. Eighteen percent of the foster mothers would prefer to take severely retarded children and 9% preferred to take mongoloid children only. Forty-four percent of the foster mothers expressed no preference in terms of intelligence of the children they would prefer to take as foster children.

#### Characteristics of the Foster Children

There were 175 foster children in residence in the 36 foster homes included in this study. The homes were licensed for a total of 203 children. These homes were filled to approximately 86% of their licensed capacity.

Table III below shows the age distribution of the children in these homes:

	<u>Table III</u>				
	Age of children (years)				
No. of foster children	1-4	5-9	10-14	15-19	20+ Total
	59	57	35	22	2 175

Thirty-four percent of these children were under five years of age. Thirty-three percent were between the ages of five and nine, 20% were between 10 and 14. Fourteen percent were over 15 years of age. (A total of 116 children were 5 years of age or over.)

In analyzing the data for these children five years of age and over, it was found that 41 (37%) were not toilet trained and that 63 (54%) were reported as having speech problems. The data was further analyzed for frequency and severity of speech problems for children age 5-9 and those over 10 years of age. Table IV below depicts these data. It is interesting to note that only two children 10 years of age and older were unable to talk and only about one-third had speech problems.

Table IV

	<u>Age of Children</u>		<u>Total</u>
	<u>5-9</u>	<u>10 &amp; older</u>	
No speech problem	<u>13</u>	<u>40</u>	<u>53</u>
Mild speech problem, hard to understand	16	17	33
No intelligible speech	<u>28</u>	<u>2</u>	<u>30</u>
Total	<u>57</u>	<u>59</u>	<u>116</u>

Sixty-one percent (106) of the children in these homes were males and 39% (69) were females. Seventy-two percent (127) were ambulatory and 27% (48) were bedfast or needed assistance in moving about. About one-half of the children were toilet trained.

Twenty-seven percent of the children in these homes were regularly receiving medication. Fifteen percent were regularly receiving tranquilizers or sedatives. Sixty-two percent of the children in these homes were in some way physically handicapped. Twenty percent of the children were reported as being hyperactive.

*50% of the children*

In an attempt to determine the level of ability of these children, we relied upon the estimates reported by the foster mothers. Most of the foster mothers did not know the test scores of their foster children (many had not been tested) and were not sophisticated in reporting their perceptions of their foster children's levels of intellectual capacity. Their reports were based on their experience with retarded children, their impressions of the child's social competence and various other subjective criteria. This is not a "scientific" way in which to categorize these children. However, these categorizations may provide some insight into the ways in which the foster mothers perceive and relate with their foster children as well as the types of expectations they have for them. The way of classifying an individual or a group has great effect upon the resultant social relationships and expectations for that person or group. Table V shows the ways in which the foster mothers classified the levels of ability of their foster children:

Table V

Foster Mothers Regarding Foster Children's  
Level of Ability

Borderline	4 (2%)
Educable or mildly retarded	76 (43%)
Trainable	12 (7%)
Severely retarded	52 (30%)
"Mongoloid" - no other estimation of ability	15 (9%)
Possibly normal, not mentally retarded	9 (5%)
Mentally ill	1
"Don't know"	6 (3%)
Total	175

Table VI below shows the levels of ability of the children five years of age and older:

Table VI

Level of Ability Five Years of Age and Older

<u>Level of Ability</u>	<u>5-9 yrs.</u>	<u>10 yrs. &amp; above</u>	<u>Total</u>
Educable or mildly retarded	21	39	60
Trainable	2	9	11
Severely retarded	28	5	33
Borderline		3	3
Not retarded	4	3	7
Mentally ill	1		1
Unknown	1		1
TOTAL	<u>57</u>	<u>59</u>	<u>116</u>

Sixty (52%) of these children were classified as being educable or mildly retarded. An additional 9% were classified as not retarded or being of borderline intelligence. It is interesting to note that only 8% of the children 10 years of age or above were classified as being severely retarded, while 49% of the children between five and nine years of age were so classified.

Table VII shows the number of children five years of age and over who participated in community programs during the previous year:

Table VII

	<u>5-9 yrs.</u>	<u>10 yrs. &amp; over</u>	<u>Total</u>
Did not participate in any community programs	32	2	34

Table VII (Cont)

	<u>5-9 yrs.</u>	<u>10 yrs. &amp; over</u>	<u>Total</u>
Educational programs only	15	24	39
Other community programs only (camping, Sunday School, boys club, etc.)	8	10	18
Educational programs and other community programs	2	15	17
Employed (sheltered and competitive)	0	8	8
Total	<u>57</u>	<u>54</u>	

A total of 34 children five years of age and older did not participate in any community programs during the previous year. Fifty-six percent of the children between the ages of 5 and 9 did not participate in any community programs. However, only two (3%) children 10 years of age and above did not participate in some type of community program. Fifty-six (48%) of the children five years of age and over were in educational programs; most of these were in special school classes. Seventeen (30%) of these 56 children participated in at least one additional community program. Eight persons were in either sheltered or competitive employment. Fifty-two children (45%) five years of age and over were not employed or participating in any educational programs.

The average length of time these children had been in the foster home in which they were living at the time of the study was approximately three years. Prior to their placement in the present foster home, 32% had come from another foster home, 41% had come from their parents or a relative's home, 26% had come directly from the hospital where they were born, and the foster mothers didn't know where 3 of the children had been before they had come to their home.

Fifty children had left the foster homes included in this study during the previous year. Ten of these children returned to their parents or a relative's home, and 16 went to another foster home.

Fourteen children left the foster homes to enter either private or public institutions. Five children died during the previous year, one was adopted, and two found employment. In two cases the foster mothers did not know where the child went upon leaving their home. *N. J. S.*

Fifty-six (32%) of the foster children in these homes were on a waiting list for admission to a state institution for the mentally retarded. In 20 cases the foster mothers did not know if the child was on a waiting list or not. It was reported that 76% of the children were under state guardianship. The foster mother did not know this information for 14% of the children. Only 9% of the children were reported as not being under state guardianship.

It was found that very few of these children were receiving visits from their parents or relatives. Fifty percent of the children never received visits from parents or any relatives, and 7% of the children received visits less than once per year. Thirteen percent were visited infrequently, once or twice per year. Twenty percent of the children regularly received visits four to 12 times a year, and 6% were visited more than once per month. Very few parents ever take their children home with them for a visit. Ninety percent of the children were never taken home for a visit. Four percent were sometimes taken to their parental homes for a visit (about once per year), and only 5% were taken home regularly.

There was a great deal of variation in the amount paid the foster parents for the care of children. The fees paid per child ranged from less than \$80 to over \$150 per month.

The following table shows the amount paid per child for care in the foster homes included in this study:

Table VIII

Fees Paid per Child for Foster Boarding Care

<u>Amount Paid</u>	<u>Number of Cases</u>
Less than \$80 per month	3 (2%)
\$80 - \$89 per month	3 (2%)
\$90-- \$99 per month	17 (10%)
\$100 - \$125 per month	44 (25%)
\$126 - \$150 per month	102 (58%)
Over \$150 per month	6 (3%)

80-150  
100-150

Sixty-one percent of the fees paid for care of these children were over \$125 per month. In most of these cases the fee paid was \$150 per month.

Physical Aspects of Foster Boarding Homes

Subjective evaluations of the physical aspects of the boarding homes and the neighborhoods in which they were located were made by the interviewers. It was found that 57% of these homes were located in neighborhoods which were classified as "good" or "very nice". Thirty-one percent were located in "older" neighborhoods and 6% were located in "run-down" neighborhoods. Nine percent of the homes were in a deteriorating condition. The rest of the homes were in sound condition, usually well-kept, and several of the homes were very beautiful. <sup>R</sup> It was found that four of the foster boarding homes were duplexes in which there were tenants living. One of these foster homes had nine children, one had ten children, another five, and the fourth had four foster children plus two of her own children.

Most of the foster homes were clean and well furnished, and the children were free to go anywhere in the house. Some homes had fenced yards where the children could play. Many of the foster children did not get outside very frequently, and very few of them were allowed to play and interact freely with the neighborhood children. Many of these homes were crowded. The sleeping arrangements for the children varied from one child per bedroom to a high of 9 children in the same area in one house.

In most of the homes there was an abundance of toys and other indoor play equipment. Several of the homes had outdoor play equipment. In some instances this equipment was quite elaborate. One foster home had a pony for the children and several homes had pets. Nine of the homes had various types of hospital equipment and special furnishings for providing care for severely retarded and physically handicapped children.

### Employees

Sixteen of the foster mothers were caring for five or more foster children. These foster mothers were each caring for an average of eight foster children, many of whom were severely retarded, non-ambulatory, not toilet trained, and physically handicapped. Eight of these foster mothers were either unmarried, widowed, or divorced. Four of them did not employ anyone to help them care for their foster children. There were 29 foster children in these four homes. These four homes had a licensed capacity of 31. In the remaining 12 homes serving 99 children there was a total of 16 employees in addition to the foster parents. Eight of these persons were full-time employees and eight were part-time. Four of the part-time employees were employed only for housekeeping. The remaining four part-time employees and all of the full-time employees were involved in both caring for the children and cleaning and maintaining the homes. Two of the eight full-time employees were relatives of the foster mother for whom they were working. Another of these full-time employees was mentally retarded and one was a 16 year old girl who was not retarded, but <sup>had been</sup> placed in the home by the county welfare department.

None of the foster mothers caring for fewer than five foster children employed anyone on a regular basis.



### Professional Services Available to Foster Children

With the exception of two homes, the only professional visits on a regular basis were those by the caseworkers from the county Welfare Department. The caseworkers visited the foster children in the homes on the average of about three times per year. In most foster homes, each of the foster children was assigned to different caseworkers, which frequently led to a multiplicity of visits and to some confusion regarding care and prognosis for the children. Fifty-seven percent of the foster mothers reported that the foster children received physical examinations every six months, and 63 reported that their foster children received such examinations every three months. Twenty percent of the foster mothers reported that their foster children received physical examinations once per year, 14% less than once per year and 3% replied that the children visited a doctor only "when needed".

The foster mothers reported "as far as they knew" that 72% of the foster children had never received psychological examination. Twenty-five percent of the children were reported as having received psychological examinations in school. Only 2% were reported as receiving such examinations once per year.

### Problems Encountered by Foster Mothers

Twenty-seven percent of the respondents reported that they encountered no problems in the fulfilling role of foster mothers of mentally retarded children. Listed below in the order of frequency cited are problem areas cited by foster mothers:

1. Financial problems; not receiving enough money for caring for children.
2. Inadequacy, unavailability, or lack of interpretation of social-behavioral and medical records when child enters a foster home.

3. Unclear as to their responsibilities to the children and the county welfare department regulations regarding foster homes.
4. "Parent relief"; the foster mothers are tied down with the children and cannot get anyone to care for them during vacations, family emergencies, or in evenings.
5. Unacceptable behavior of foster children.
6. Physical handicaps and problems of children which foster mothers feel inadequate or unprepared to cope with.
7. Bothered by too many caseworkers visiting their homes.
8. Concern about the lack of community recreational facilities and programs for the children.
9. Concern about the future of the foster children, particularly that the children will be entering a state institution.

COMMENTS, CONCLUSIONS and RECOMMENDATIONS